

# Unannounced Care Inspection Report 3 and 4 August 2016



## Ardmaine Care Home

**Type of Service: Nursing Home**  
**Address: 8 Fullerton Road, Newry, BT34 2AY**  
**Tel No: 028 3026 2075**  
**Inspectors: Donna Rogan & Angela Boyle**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ardmaine Care Home took place on 3 August 2016 from 10:05 hours to 15:45 hours and on 4 August 2016 from 10:00 hours to 15:15 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was evidence of positive outcomes for patients through the competent delivery of safe care. Recruitment and induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients.

There were six recommendations made in this domain. They relate to the management of appraisals, moving and handling training, the personalisation of patients' bedrooms, monthly monitoring visits, infection control and a malodour.

### **Is care effective?**

There was evidence of good delivery of care with positive outcomes for patients. Care records were well maintained and included assessment of patient need, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. There was also clear evidence of effective team working and excellent communication between patients and staff.

There were two recommendations made in this domain. One recommendation stated for a second time is in relation to the formal evaluation of care and the auditing of care records. The other is in relation to monitoring the process of shift handover information.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complimentary regarding the staffs' attitude and attentiveness to detail. Patients were very complimentary of staff. There was good evidence of patient, representative and staff consultation.

There were no areas for improvement identified during the inspection in relation to this domain.

## Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within Ardmaine Care Home. There were no areas for improvement identified during the inspection in relation to the well led domain. Compliance with the recommendations made in the, safe and effective domains, will improve the overall services provided, the experience of service users and leadership within the home.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>8</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ann Begley, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 July 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There are no current safeguarding issues ongoing.

There were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Four Seasons (Bamford) Ltd Maureen Claire Royston	<b>Registered manager:</b> Ann Begley
<b>Person in charge of the home at the time of inspection:</b>  Ann Begley	<b>Date manager registered:</b> 24 January 2013
<b>Categories of care:</b> NH-MP, NH-I, NH-DE	<b>Number of registered places:</b> 65

## 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. The inspectors also met with approximately 32 patients, one domestic staff, the chef, seven care staff, three registered nurses and four patient's representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable incidents
- audits
- records relating to adult safeguarding
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- staff, patients' and patients' representative questionnaires
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures
- complaints records
- recruitment and selection records
- NMC and NISCC registration records

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 07 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection/estates inspection/finance inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 10 March 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (2) (b) <b>Stated:</b> First time	The registered manager shall ensure that the identified care record is updated in relation to pain management. A pain assessment should be completed to ensure pain is managed effectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the identified care record was updated in relation to pain management. A review of care records evidenced that pain assessments are completed.	

<b>Requirement 2</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> First time	The registered persons shall ensure that planned works are carried out and confirmation should be forwarded to RQIA of the time schedule in which the work will be completed.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Confirmation has been received that quotations for the planned works have been received and is now out to tender following final approval. The works should be commenced within the planned timescales.		
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered persons should ensure that the formal monthly evaluations are reviewed to ensure they are meaningful and reflective of the care provided.	<b>Not Met</b>
<b>Action taken as confirmed during the inspection:</b> A review of the four care records evidenced that the evaluations of care were not always meaningful and reflective of care. They were observed to be repetitive. This recommendation is made for a second time.		

#### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 1 August 2016 and 8 August 2016 evidenced that the planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Discussion with patients, representatives evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of staff supervision and appraisals evidenced that there was a plan in place to ensure their completion. Staff supervision was planned on a six monthly basis. Staff appraisals are planned annually. A recommendation is made that the registered manager ensures that the planned appraisal dates are adhered to in order to ensure the targets are met. Competency and capability assessments are completed for those staff taking charge of the home in the absence of the registered manager. Competency and capability assessments are also in place regarding medicines management for all staff completing medications.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. A review of moving and handling statistics evidenced that the practical training had been completed. However the theory of practice was only completed by 66% of staff employed. A recommendation is made that all staff required to complete this training receive their theory training.

Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns would be managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Patient care records evidenced that wounds/falls/restrictive practices i.e. bedrails, were managed appropriately in accordance with best practice.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms and lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment. Discussion with the registered manager confirmed that some bedrooms are required to be personalised. The registered manager stated that the bedrooms have recently been decorated and there are plans to ensure they are personalised. This issue has been raised in the regulation 29 monitoring visits for three consecutive months without comment. Two recommendations are made that this issue is addressed and that the monthly monitoring reports should evidence the reason that issues raised are not addressed and the reason if the action is to be carried forward.

Fire exits and corridors were observed to be clear of clutter and obstruction. Equipment was appropriately stored. There were domestic store doors left unlocked and there was unnamed, laundered net underwear observed to be stored in a linen store, which suggested they were being retained for communal use. The registered manager had these disposed of during the inspection. A recommendation is made with regards to the management of infection prevention and control, to ensure that domestic stores are maintained locked and that all underwear is maintained for individualised personal use or disposed of after use.

One identified bedroom was malodours and following discussion with the registered manager further arrangements should be put in place to have this addressed. A recommendation is made.

### Areas for improvement

There were six recommendations made in this domain. They relate to the management of appraisals, moving and handling training, the personalisation of patients' bedrooms, monthly monitoring visits, infection control and a malodour.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>6</b>
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#### 4.4 Is care effective?

As previously stated the review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Supplementary care charts such as, repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

The review of care records evidenced that that registered nurses assessed, planned, evaluated and reviewed care. However, the formal evaluations of care were not meaningful and did not reflect the care provided. Entries were repetitive for a number of months, despite there being changes in the patients' daily records and care plans. This recommendation is stated for a second time and should be reviewed by the registered manager as part of the auditing process to ensure it is addressed by registered nursing staff.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. There was evidence that the care planning process included input from patients and/or their representatives. Registered nursing staff spoken with, were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapists (SALT), dietician, Tissue Viability Nurses (TVN).

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift, however three members of staff spoken with stated to the inspectors that they felt this could be improved particularly following periods when staff have been off duty for a few days. The registered manager implemented a new process on day two of the inspection whereby the nurse in charge of each unit completes a written shift report. This report can be perused by staff on their return to work following their days off. A recommendation is made that this process is monitored with staff to ensure its effectiveness.



Discussion with the registered manager and staff confirmed that staff meetings were held on a regular basis and records of minutes of the meetings were maintained. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager, or regional manager, if appropriate. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a 6 monthly basis. The most recent relatives' meeting was held on 26 February 2016 and the most recent patients' meeting was held on 3 June 2016.

Minutes were available. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

### Areas for improvement

There were two recommendations made in this domain. One recommendation is made in relation to the formal evaluation of care and the auditing of care records. The other is in relation to monitoring the process of shift handover information.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. Four Seasons Health Care, (FSHC) have recently introduced 'A Quality of Life Programme' which provides patients, relatives and visitors an opportunity to have their say about their experiences regarding the home. The manager also informed the inspector that she formally seeks views from two patients and relatives at least weekly. The findings are recorded in the home's 'TRaCA system'.

As part of the inspection process, we issued questionnaires to 10 staff, 10 patients and 8 patient representatives.

Four staff questionnaires were returned, all four questionnaires stated that all four domains were either excellent or good. Two returned comments that the information provided at handovers can vary. Other comments received during discussion and in the returned questionnaires are as follows;

### **Staff**

- “I love working here”
- “I think this is a good home”
- “We have a good strong team”
- “We are well trained”
- “If I need anything, I would not hesitate to ask”
- “I feel the home is well managed, I would recommend it for my relatives”
- “Patients are our priority, they always come first”

Discussions were held with approximately 32 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were complementary regarding the food served. There were no issues raised during the inspection by patients. However in the returned questionnaires, two patients stated that sometimes they feel that there is not enough staff. Other comments were made during the inspection included;

### **Patients**

- “I’m as happy as I can be here”
- “The care is good and the staff are very respectful”
- “There is plenty to keep us occupied”
- “The food is marvellous and we get choices everyday”
- “I think the home is well run”
- “It’s not home, but we all get by, I enjoy the company”
- “I feel safe and I have met new friends”
- “I have no complaints”

During the inspection four relatives were spoken to, they were all very positive regarding all aspects of care. There were no issues raised. Two questionnaires were returned by relatives both stated that all services were commendable. Some comments were made by relatives were as follows:

### **Patients’ representatives**

- “From the manageress, to all the nurses and carers, I could not wish for anything more, my...is looked after 100% and long may it continue”
- “I think the care my ... is receiving is excellent”
- “I in the home at different times and I could not fault anything”
- “I am satisfied with everything, I have no concerns”
- “The staff are very pleasant and they work hard”

## Areas for improvement

There were no areas for improvement identified during the inspection in relation to this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, discussion with staff and review of records evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed at least three yearly. Policies and procedures were indexed, dated and approved on behalf of the registered provider. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients/representatives were aware of who the registered manager/person was. A copy of the complaints procedure was displayed in the front foyer of the home. Staff were knowledgeable of the complaints process.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. As previously stated care record audits should be reviewed by the registered manager to ensure they address issues raised in the care planning process.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. As previously stated the monthly monitoring reports should evidence the reason that issues raised are not addressed and the reason if the action is to be carried forward. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

### Areas for improvement

There were no areas for improvement identified during the inspection in the well led domain. However, some areas for improvement have been identified in the management of safe and effective care and improvements are recommended to enhance the overall services provided, the experience of service users and leadership within the home.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with, Anne Begley, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 40 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	<p>The registered provider should ensure that the planned appraisal dates are adhered to in order to ensure the targets met.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b></p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time <b>To be completed by:</b> 30 November 2016	<p>The registered provider should ensure that all staff completes their theory training in relation to manual handling.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b></p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	<p>The registered provider should ensure that the identified patients' bedrooms are personalised in accordance with their wishes.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b></p>
<b>Recommendation 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2016	<p>The registered provider should ensure that the monthly monitoring reports evidences the reason that issues raised are not addressed and the reason if the action is to be carried forward.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b></p>
<b>Recommendation 5</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2016	<p>The registered provider should ensure that domestic stores are maintained locked and that all underwear is maintained for individualised personal use or disposed of after use as appropriate.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b></p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider should ensure that further arrangements are put in place to have the malodour in the identified bedroom addressed.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that the formal monthly evaluations are reviewed to ensure they are meaningful and reflective of the care provided.</p> <p>Care records should be reviewed by the registered manager as part of the auditing process to ensure the above issue is addressed by registered nursing staff.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that the implementation of the shift report is monitored with staff to ensure its effectiveness.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
@RQIANews